

MARGIN RESERVED FOR BINDING  
This supplemental report is to be pasted  
beneath the original

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

3855

(This return should preferably be made  
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No. \*1632

Place of Birth Phoenix, Ariz. No. 602 N. 4th St. St.

SEX OF CHILD\* Twin\* Triplet or other? 1 {and { Number\* in order of birth

DATE OF BIRTH\* July 13 1916  
[Month] [Day] [Year]

FULL\* NAME Charles Rothyn Sterling FATHER

FULL\* MAIDEN NAME Cora Lowe MOTHER

I HEREBY CERTIFY that the child described herein  
has been named

Rothacker Loe Sterling  
[Give name in full] [Surname]

927-713-335  
(Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of births may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on  
tenth day of following month.

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